

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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19	1					
20	2					
21	2					
22	2					
23	2					
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25	2					
26	2					
27	2					
28	2					
29	2					
30	1					
31	1					
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33	2					
34	2					
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37	2					
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		4	4	4	4	4
TOTAL CLAIMS	52	4	4	4	4	4

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						